

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|   |  |                          |   |
|---|--|--------------------------|---|
| 1. NAME OF COMMITTEE IN FULL<br><b>Friends of Joe Pitts</b>   |  |                          |   |
| ADDRESS (number and street) PO BOX 775  |  |                          |   |
| CITY, STATE, and ZIP CODE<br>Unionville PA 19375  |  |                          |   |
| 2. NAME OF CANDIDATE<br>Joseph Pitts  | 3. OFFICE SOUGHT (State and District)<br>PA 16 |                          | 4. FEC IDENTIFICATION NUMBER<br>C00310136   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                          |   |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE  |  |                          |   |
| Boehringer Ingelhelm PAC  |  | Name of Employer         | Date (month, day, year)   |
| 1120 G Street NW, Ste 1050  |  |                          | 05/08/2014  |
| Washington DC 20005   |  | Transaction ID : C045b02 | Amount  |
|   |  | Occupation               | 2500.00   |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE  |  |                          |   |
| Molina Healthcare PAC   |  | Name of Employer         | Date (month, day, year)   |
| 200 Oceangate, Ste 100  |  |                          | 05/08/2014  |
| Long Beach CA 90802   |  | Transaction ID : C03xs04 | Amount  |
|   |  | Occupation               | 1000.00   |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE  |  |                          |   |
| Richard White   |  | Name of Employer         | Date (month, day, year)   |
| 101 Primrose Street   |  | Roberti & White          | 05/08/2014  |
| Chevy Chase MD 20815  |  | Transaction ID : C04Co01 | Amount  |
|   |  | Occupation               | 1000.00   |
| Owner   |  |                          |   |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE  |  |                          |   |
|   |  | Name of Employer         | Date (month, day, year)   |
|   |  |                          |   |
|   |  | Occupation               |   |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE  |  |                          |   |
|   |  | Name of Employer         | Date (month, day, year)   |
|   |  |                          |   |
|   |  | Occupation               |   |
| SIGNATURE (optional)<br>A. Duer Pierce  |  | DATE<br>05/08/2014       | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
|   |  | [Electronically Filed]   |   |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)